

**Centre College**

**Emotional Expressions**

**Video Records Release Form**

We would like you to indicate below what uses of the records and recorded video response you are willing to consent to. This is completely up to you. We will only use the records in ways that you agree to. In any use of your records, your name will not be identified.

\_\_\_\_ I allow my recorded video response and/or portions of my recorded video response to be used by the research team of Dr. Goetz and her assistants.

\_\_\_\_ I allow my recorded video response and/or portions of my recorded video response to be used in other scientific research and studies.

\_\_\_\_ I allow my recorded video response to be used in scientific publications.

\_\_\_\_ I allow my recorded video response to be shown to students in classrooms.

\_\_\_\_ I allow my recorded video response to be used in presentations to nonscientific groups.

\_\_\_\_ I allow my recorded video response to be used on television and radio.

I have read the above description and give my consent for the use of the records as indicated above.

\_\_\_\_\_

Signature

Date